

# REQUEST FOR PATENT FEE REFUND

2 Serial/Patent # 10/633,177

6 AMOUNT

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\$ 130

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\$ 130

Credit Deposit A/C #:

9	0	6	--	1	4	4	8
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**No Fee Due (Explanation):**

Postcard proves allegedly omitted drugs were present in office on day 1. Refund per fee.

PHONE: 071 272 3237

APPROVED: William Miller DATE: 11/9/84

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*